

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER HOUSTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9460 HWY 64 UNION MILLS, NC 28167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 2-10-2016. Records indicate this facility was first licensed on 7-1-1966, for 30 beds. The current capacity is 29 beds. Based on this information, we are requiring the facility to meet the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm (which are applicable to all Homes for the Aged regardless of the licensure date), the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the 1967 NC State Building Code.	C 000		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: Based on a review of documents, the required annual fire alarm system inspection report could not be located. Fire alarm systems that are not inspected and approved as required could result in the fire alarm system not operating properly in the event of an actual fire.	C 111		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER HOUSTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9460 HWY 64 UNION MILLS, NC 28167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 1 (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, new exterior doors and frames had been installed at the 3 main exits. The inside trim had not been installed presenting sharp areas on the edges of the wall where the original doors had been removed. 2. Based on observation, there was a 4 inch hole through the exterior wall above the water heater in the kitchen. An open hole will allow entry of flies and other pests in the months to come.	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER HOUSTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9460 HWY 64 UNION MILLS, NC 28167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Hole in kitchen ceiling near water heater, b. Gap around junction box in kitchen ceiling, c. Hole in kichen ceiling above 2 door refrigerator, d. Unsealed penetrations in pantry ceiling, e. Unsealed penetration in wall behind clothes washer, f. Unfinished repair in wall of laundry, g. Damaged wall in closet off laundry, h. Crack in corridor ceiling near room 5, i. Hole in ceiling above light fixture near room 5. <p>2. Based on observation, the smoke detector in the corridor near the laundry failed to activate when tested with smoke. Insensitive smoke detectors would delay notification in the event of an actual fire.</p> <p>3. Based on observation, many corridor doors are not closing well and/or latching properly to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include;</p> <ul style="list-style-type: none"> a. The latch strike is missing on the door to bedroom 17. b. The side door stop was missing on the door to the men's bathroom making it not smoke tight. c. The door stop was not fitting properly on the door to bedroom 8 making it not smoke tight. <p>4. Based on observation, several exterior light fixtures had been removed from the overhang soffit. Covers had not been installed over the open junction boxes resulting in exposed wiring all around the facility.</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER HOUSTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9460 HWY 64 UNION MILLS, NC 28167		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 3 5. Based on observation, a receptacle plate was missing in the pantry. Missing electrical plates expose energized wires and parts. 6. Based on observation, the toilet in the women's bathroom was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the men's bathroom uses a window for ventilation. However, when the window is opened for ventilation, it immediately falls closed.	C 199		